



**Board for Asbestos, Lead, and Home Inspectors
EXPERIENCE VERIFICATION**

Required only for Asbestos Inspector, Management Planner, and Project Designer applicants.

Experience Verification: To be completed by the applicant and signed by the supervisor or other individual familiar with the applicant's work and job duties.

☞ Experience obtained during any time that you were **self-employed** may be verified by attaching three copies of completed inspections, management plans, project designs, or project monitor reports (whichever is applicable for the license you are requesting) completed during that time.

1. Applicant's Name _____
First Middle Last Generation (SR, JR, III)
2. Social Security Number * - -
3. Date of Birth _____
4. Mailing Address _____
City, State, Zip Code _____
5. E-mail Address _____
6. Telephone & Facsimile Numbers () - () - () -
Telephone Facsimile Beeper/Cellular
7. Check the **one** type of license you are requesting.
Inspector ☐ Management Planner ☐ Project Designer ☐ Project Monitor ☐

You may duplicate this form to accommodate all your references.

Employer _____
Employer's Street Address _____
City, State, Zip Code _____
Telephone & Facsimile Numbers () - () -
Telephone Facsimile

Name of Experience Reference/Supervisor _____
Reference/Supervisor's VA License Number _____
(relating to license type indicated in question #7 above)
Reference/Supervisor's Address _____
Reference/Supervisor's Telephone Numbers () - () -
Telephone Facsimile

Applicant's Job Title _____
Dates of Employment From _____ To _____
Applicant's specific job duties & responsibilities _____

Reference/Supervisor's Signature _____ Date _____

* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.



**Board for Asbestos, Lead, and Home Inspectors
EDUCATION VERIFICATION**

Applicable only to Asbestos Inspector, Management Planner, Project Designer, and Project Monitor applicants.

Section A: To be completed by the applicant, then forwarded to the college or university for certification. Please enclose a stamped envelope, addressed to the Virginia Board for Asbestos, Lead and Home Inspectors at the address printed at the top of this form.

Section B: To be completed by the institution listed in **Section A#7** and returned to the Virginia Board for Asbestos, Lead and Home Inspectors at the address printed at the top of this form.

Section A

1. Applicant's Name _____
First Middle Last Generation
(SR, JR, III)
2. Social Security Number * - -
3. Date of Birth _____
4. Mailing Address _____
City, State, Zip Code _____
5. E-mail Address _____
6. Telephone & Facsimile Numbers () - () - () -
Telephone Facsimile Beeper/Cellular
7. Name of Institution _____
8. Dates Attended From _____ To _____
9. Degree _____
10. Applicant's Signature _____ Date _____

Section B

Certification

I hereby certify that the individual named in **Section A#1** has graduated from this school/institution.

Degree _____ Major _____
Date Received _____
Signature _____ *Affix official seal here.*
Official Title _____

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